

**IN THE U.S. PATENT AND TRADEMARK OFFICE**

**DECLARATION AND POWER OF ATTORNEY**

ATT. DOCKET NO.  
**12227/2**

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and sole inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **CONTAINER WITH MULTIPLE CONFIGURATIONS**, the specification of which was filed herewith.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys:

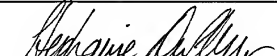
**Andrew L. Reibman (Reg. No. 47,893)**

**SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:**

**KENYON & KENYON**  
One Broadway  
New York, NY 10004  
(212) 425-7200 (phone)  
(212) 425-5288 (facsimile)



I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME <b>DUBSKY</b>	FIRST GIVEN NAME <b>Stephanie</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>NEW YORK</b>	STATE OR FOREIGN COUNTRY <b>NEW YORK</b>	COUNTRY OF CITIZENSHIP <b>UNITED STATES OF AMERICA</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>162 E. 90th ST. APT. 5R</b>	CITY <b>NEW YORK</b>	STATE & ZIP CODE/COUNTRY <b>NEW YORK, 10128</b>
Signature 		Date <b>02/07/02</b>	